

WAYNE STATE UNIVERSITY

School of Medicine

THE PROFESSIONALISM CURRICULUM: *PROFESSIONAL VALUES AND PROFESSIONAL DEVELOPMENT OF WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE MEDICAL STUDENTS*

Draft Date: August 8, 2001
Revision Dates: August 14, 2008

TABLE OF CONTENTS

	Page
Introduction: The Professionalism Curriculum	3
Professionalism Values and Attributes	4
Components of the Professionalism Curriculum at WSU School of Medicine	7
The Professionalism Portfolio	8
Documentation and Remediation of Unprofessional Behavior	10
Conclusion	13
Appendix A – D: Professional Commendations	14
Appendix E: The Professional Behavior Deficiency Form	18

THE PROFESSIONALISM CURRICULUM: PROFESSIONAL VALUES AND PROFESSIONAL DEVELOPMENT OF WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE MEDICAL STUDENTS

pro-fes-sion: *n.* a calling requiring specialized knowledge and often long and intensive academic preparation

pro-fes-sion-al-ism: *n.* the conduct, aims, or qualities that characterize or mark a profession or a professional person

Merriam Webster's Collegiate Dictionary, 10th Ed., 1994

INTRODUCTION

The development of ideal professional values, attitudes, skills and behaviors during the passage from medical student to practicing physician involves a number of processes, beginning with the first day of medical school and ending—at least formally—at the completion of residency. Indeed, professional growth and development does not end with formal medical training; rather, it continues as the physician practices medicine throughout his or her professional life.

The processes which shape a medical student's professional growth are numerous. Some are explicit, and others implicit; they include aspects of the formal, informal and hidden curriculum of medical school. Specific contributing factors include positive and negative role models, classroom learning, and complex social interactions among students, patients, teachers, other health care personnel and peers. They impact upon students who enter medical school with diverse personal, cultural, and ethnic backgrounds, as well as different baseline ethical and moral experiences. However, while these processes are complex, the medical school must attempt to control them so as to positively direct the medical students' professional development. The School of

Medicine creates an environment which fosters the professional development of its students while reacting to violations of desired professional growth.

The goal of the Professionalism Committee of the School of Medicine, is to provide the policies, procedures and educational activities that foster sound professional growth of its medical students. It begins with a statement of how the School of Medicine defines professionalism, then lists an overview of the educational opportunities for professional development -- the longitudinal theme on professionalism that is woven through the four years of medical school. Following that, the concept of a professionalism portfolio is advanced, in which students assemble evidence from peers, patients, other health care team members, and self-reflection that demonstrate professional development. Finally, procedures are detailed to document and deal with violations of professional behavior.

PROFESSIONAL VALUES AND ATTRIBUTES (adapted from Michigan State University and the University of California, San Francisco)

Appropriate, legal adult behavior is assumed, as is adherence to the general policies regarding behavior and conduct enumerated elsewhere by the Wayne State University community and commensurate with the values of society and legal standards. Listed here are the professional attributes that form the core of the School of Medicine's Professionalism Curriculum:

1. **Professional Responsibility**: Sound medical practice and good medical care of patients is the student's and physician's highest priority. The student is internally motivated at all times and in all settings to place the patient's concerns before his or her own. He or she always helps to create a positive learning environment, is

punctual, attends all activities at which he or she is expected, and is reliable and honest in completing tasks related to the care of patients.

2. Competence and Self-Improvement: It is the expectation that students will be committed to the learning and mastery of medical knowledge, skills, attitudes and beliefs. The motivation for this learning is *a/ways* the optimal future care of patients. The student knows the limits of his or her abilities, appropriately seeks consultation, and always tries to improve the care of their patients. This commitment extends to life-long learning, an acknowledgement that what begins in the university community never ends; professionals further themselves for as long as they are committed to patient care.

3. Respect for others and professional relationships: Medical students always respect their patients as individuals. Student-patient interactions are guided by the “golden rule”, that is, to do unto others as you would have them do unto you. There is respect for the patient’s dignity, privacy, cultural values and confidentiality. Students demonstrate sensitivity, respect, compassion, emotional support and empathy at all times—to patients, as well as their families, other health care team members and their peers. In this context, a fundamental component of professionalism is altruism, putting the best interests of patients and colleagues over self-interest. Respect and altruism are attributes that must extend outside of the classroom or clinical setting, as the student is a constant representative of the School of Medicine.

4. Honesty: Medical students are committed to honesty at all times, including their interactions with patients, their families, other professional colleagues, and peers.

This commitment extends from the classroom or laboratory in the preclinical curriculum to the ward, office, examination room or operating room in his or her clinical courses. Absolute honesty in written notes entered into patient's records and in oral presentation of findings is expected; medical findings are true, complete and verifiable. This attribute includes the responsibility for reporting dishonesty of others. As with other core values, honesty is not limited to the School of Medicine and its teaching affiliates.

5. Social responsibility: Societies place physicians in positions of power and authority, with control over patients' and their families' well-being, as well as over their lives. We must always conduct ourselves in a manner worthy of that trust. Medical students demonstrate concern for and responsiveness to social ills and other factors which detract from the medical, cultural, spiritual and emotional health of patients.

Professionalism Practice Curriculum

Years I-IV
2008-2009

YEAR I

Clinical Medicine

- Orientation
 - HIPAA *lecture*
 - Diversity *exercises*
 - White Coat *Ceremony*
- Professionalism Case
 - Self Study
 - *Small group Seminar*
- Anatomy
 - Respect for the Cadaver *lecture*
 - Burial *Ceremony*
 - Nerve Lesions *Contact with Patients*
- Genetics
 - 4 *lectures with Patient Panels*
- Office Visits

Student Affairs:

- Counseling
- Mentorship
 - Faculty
 - Alumni
- Web links to AAMC and other professional organizations

Evaluation:

- Small group instructors

YEAR II

Clinical Medicine

- Ethical Principles *lecture*
- Patient Centered Counseling *lecture*
- HIV *Small group Seminar*
- Diversity *Panel*
- Conflict of Interest *lecture*
- Professionalism *lecture*
- *Clinic Days*
 - Connective Tissue *Patient Contact*
 - Neurology *Patient Contact*
- Physical Diagnosis 12 sessions w/ *Patient Contact*
- 12 hospital *encounters*

Student Affairs:

- Counseling
- Mentorship
 - Faculty
 - Alumni
- Web links AAMC & other professional organizations

Evaluation:

- Physical Diagnosis Standardized patients
- Hospital preceptors

YEAR III

- Orientation
 - HIPAA Online Module
- Professional Cards
- Continuity Clinic Clerkship
- Ambulatory Setting – Office Procedures *Clinical Learning Exercise 3*
- Confidentiality *Clinical Learning Exercise 11*
- Physician – Industry Interaction *Clinical Learning Exercise 14*

Clerkships

- Family medicine
- Internal medicine
- Neurology
- OB-GYN
- Pediatrics
- Psychiatry
- Surgery

Student Affairs:

- Counseling
- Mentorship
 - Faculty
 - Alumni
- Web links to AAMC and other professionals organizations

Evaluation:

YEAR IV

Mandatory Clerkships

- Ambulatory medicine
- Emergency medicine
- Sub-internship
 - Family medicine
 - Internal medicine
 - Pediatrics
 - Surgery

WAYNE STATE
UNIVERSITY

SCHOOL OF MEDICINE

Optional: Student Self Select

- Educational Co-Curricular Activities
 - Seminars; Outreach; Volunteer Opportunity; Health Screenings
- Student Representatives on Committees, Senate,
- Journal Club

THE PROFESSIONALISM PORTFOLIO

The deliberations of this Professionalism Committee began with the intent to develop a process to document and deal with unprofessional behavior. However, its focus quickly shifted to a more proactive, positive one. The School of Medicine is explicitly stating that the professional growth of its medical students is an integral part of the medical education process, and its successful completion is as important in educating a student to be a physician as is one of the traditional subjects of medical school, the basic or clinical sciences.

Documentation of Professional growth and behavior on the part of medical students serves the following:

- sends the message that the School of Medicine values professionalism to the community
- demonstrates a commitment by of the School of Medicine to society that professional growth of physicians-in-training is important and must be addressed, and begins the process of allowing input from society into the curriculum that shapes the professional growth and behavior of physicians
- is consistent with the recommendations of the ACGME Competencies for Graduate Medical Education

The development of appropriate professional attitudes and behaviors is an ongoing process. We expect that very few medical students will be cited for unprofessional behavior during their tenure at the School of Medicine. However, we also expect that it will be much harder for Medical Students or the School of Medicine to document

evidence of professionalism, that is, to document instances that exemplify professionalism as the Medical Student becomes a professional. Our approach is to have each medical student maintain a Professionalism Portfolio to document examples of their professionalism. It is envisioned that the Portfolio would include the following data:

- **Self-Reflection Exercises** – Written exercises yet to be developed that will be designed to focus one’s attention on what it means to be a physician who demonstrates professionalism
- **Patient “Testimonials”** – Statements from patients and patient family members about noteworthy professional behaviors in clinical encounters
- **Faculty Recommendations** – Statements from faculty of observed examples of professional behavior
- **Ancillary Staff Observations** – Statements from nurses, medical techs, and other ancillary staff members about their interaction with the student as part of the team
- **Peer Ratings** – Observations by fellow students of professionalism

The Portfolio would consist of the following Professional Commendations (Appendix A – D), each completed by the indicated a person concerned with the student’s professional growth. These would provide convergent validation of professional growth and behavior from multiple sources.

Some uses of the Professionalism Portfolio could include the following:

- Use by the Dean of Student Affairs and others for composing letters of recommendation for residency application. The traditional 'Dean's Letter' has been replaced with the Medical Student Performance Evaluation (MSPE), which specifically asks for comments concerning a students' professional growth and development. This feedback would help document instances that could be referred to in the MSPE.
- Students would self-reflect on these comments at critical times in their medical education, eg., while applying for residency or other training positions.
- The Professionalism Committee does not intend for these comments to be graded or necessarily reviewed by others.

DOCUMENTATION OF UNPROFESSIONAL BEHAVIOR AND THE PROCESS OF UNPROFESSIONAL REMEDIATION

While it is the School of Medicine's hope that the need to discipline students for unprofessional behavior will never arise, it is possible that such situations will occur. Indeed, the University of California at San Francisco School of Medicine documented approximately 20 instances of severe unprofessional behavior over the subsequent two years when it implemented its Professionalism Program. It has been the School of Medicine's experience that unprofessional behavior of such severity to warrant dismissal from medical school is rare. However, it has occurred in the past and is likely to occur again in the future. This section of the duties of the Committee deals with the system and rules for dealing with severe infractions of the Professionalism Code of Conduct, both in terms of documentation and further due process.

Concerns about professional behavior expressed by a faculty member, attending physician, resident, other medical student, or member of the community are first brought to the attention of the associated course director. The Professional Behavior Deficiency Form (PBDF) is completed by a basic science course director for first and second year medical students, and by the core clerkship or elective director for third and fourth year medical students. The faculty member completing the PBDF discusses the unprofessional conduct with the student, who must sign off on said form and provide comments in the allocated space, before forwarding the PBDF to the appropriate dean, i.e., either the Assistant Dean of Basic Sciences, Assistant Dean of Clinical Education or the Assistant Dean for Student Affairs. That dean will determine whether the unprofessional behavior warrants further review by the Professionalism Committee. In addition, any PBDF form filled out will include a copy that remains in Student Affairs.

The Professionalism Committee is a standing committee under the auspices of Academic and Student Programs, and is constituted with the charge to determine standards of professional behavior and to develop guidelines for what constitutes breaches of professional behavior. The committee consists of the following members: A Chair, four students who constitute the Academic Integrity Committee of the Student Senate and who represent each class of the School of Medicine, a student representative of the Gold Humanism Award Committee(may or may not be a standing member of the Academic Integrity committee), four counselors representing each class of the School of Medicine, the Dean of Student Affairs, the Dean of Basic Sciences, the Dean of Clinical Education, no less than three basic science faculty and no less than three clinical faculty. The makeup of the committee may be superimposed; one member may serve in more than one role. The total number of standing committee members is therefore no less than 14 , and no greater than 18. The chair is a non-voting member. A

quorum consists of the presence of greater than half of all voting members present. A majority is required to pass all motions. In the case of a tie vote, the Chair can either exercise an option to cast a vote or reopen the discussions for further deliberation. All members serve three year terms. Members are either appointed or reappointed by the Associate Dean of Academic and Student Programs. Additional non-voting members may be asked to join the committee in an advisory capacity by majority vote of the Professionalism Committee. Additionally, task forces may be convened by the Chair of the committee, with members chosen at the discretion of the task force chair from both within and/or outside of the university community.

To protect the confidentiality of students, and to avoid potential biases, no case heard in front of the Professionalism Committee shall include identifiers. All cases are to be presented with a numerical reference (eg student # 001) for the purposes of the minutes. A separate file will be contained within the confines of Student Affairs which will serve as the source of a students identity by the corresponding numerical reference.

Depending on the nature of the unprofessional conduct, the Professionalism Committee could recommend to the Promotions Committee any or all of the following, including but not limited to:

- Academic Probation with specific steps for remediation (eg., mentoring)
- Dismissal from the School of Medicine
- Psychological or Psychiatric Assessment and Treatment
- Implementation of the Wayne State University Student Due Process Guidelines
- No further action

Students do not appear before the Professionalism Committee, nor is there an appeals process at this level.

CONCLUSION

Physicians, by virtue of the privileged physician-patient relationship they establish, are generally held in high esteem by society. They are expected to exhibit “professional behavior,” a term we have defined in this document. The highest standards of professionalism are expected from the graduates of the Wayne State University School of Medicine. The Professionalism Committee’s goal has been to define, teach, and promote professional behavior. This document is intended to

- Organize the educational aspects of professionalism
- Provide methods for assessing and monitoring professional development, and
- Institute mechanisms for correcting professionalism deficiencies

Attributes of professionalism are to be taught starting at orientation to medical school, and reinforced constantly thereafter. We are further proposing a system for documenting a students’ professional development, to be used for self-reflection and in summative evaluations at the end of medical school. And finally, we recommend sanctions for students who exhibit inappropriate behavior.

APPENDIX A



To: Patients
From: Dean of Clinical Programs
Re: Performance of Medical Student

Please complete this card if you wish to praise the professional behavior of the medical student participating in your care. This information will be a part of their file at the Medical School.

Name of Student: _____ Date: _____

The student demonstrated exceptional ability in the following areas (check only those that specifically stand out):

- Sensitive – seems to really care about me and my condition
- Communicates – explains things to me in language I can understand
- Respectful – treats me with dignity and doesn't talk down to me
- Teaches – educates me on my medical problem
- Listening – lets me finish what I am saying

Comments (please include specific examples of the behavior or behaviors being cited: you may use the back of card, too):

Your name (please print and sign):

APPENDIX B



To: Faculty:
From: Dean of Clinical Programs
Re: Performance of Medical Student

Please complete this card if you wish to praise the professional behavior of the medical student under your supervision. This information will be a part of their file at the Medical School.

Name of Student: _____ Date: _____

The student demonstrated exceptional ability in the following areas (check only those that specifically stand out):

- Duty – obligated to their profession
- Honesty – truthful despite consequences
- Integrity – shows values of character or citizenship
- Altruism – puts others before self
- Respect – values position with team and in society
- Accountability – responsibility to team and institution

Comments (please include specific examples of the behavior or behaviors being cited: you may use the back of card, too):

Your name (please print and sign):

APPENDIX C



To: Peers
From: Dean of Clinical Programs
Re: Performance of Medical Student

Please complete this card if you wish to praise the professional behavior of the medical student with you on the current clinical rotation. This information will be a part of their file at the Medical School.

Name of Student _____ Date: _____

The student demonstrated exceptional ability in the following areas (check only those that specifically stand out):

- Honesty – truthful despite consequences
- Altruism – puts team before self
- Psychosocial – humanistic and patient-centered
- Instructor – teaches peers
- Sincerity – empathy for patients and team

Comments (please include specific examples of the behavior or behaviors being cited: you may use the back of card, too):

Your name (please print and sign):

APPENDIX D



To: Allied Health Personnel
From: Dean of Clinical Programs
Re: Performance of Medical Student

Please complete this card if you wish to praise the professional behavior of the medical student at your hospital or office this month. This information will be a part of their file at the Medical School.

Name of Student: _____ Date: _____

The student demonstrated exceptional ability in the following areas (check only those that specifically stand out):

- Receptive – accepts criticism
- Self-effacing – humble and aware of inadequacies
- Adaptable – changes for the better
- Resolute – steadfast and handles stress
- Altruism – puts patient before self
- Educator – takes time to teach

Comments (please include specific examples of the behavior or behaviors being cited: you may use the back of card, too):

Your name (please print and sign):

APPENDIX E

**WAYNE STATE
UNIVERSITY**
School of Medicine

PROFESSIONAL BEHAVIOR DEFICIENCY FORM

Student Name _____
Course _____ Location _____
Individual Completing Form _____

Instructions for Completion: *Please circle the deficiency you have noted and provide additional details and comments. This additional documentation is mandatory.*

1. Unmet professional responsibility. Examples include but are not limited to:
 - a. Student needs continual reminders to fulfill responsibilities.
 - b. The student cannot be relied upon to complete tasks.
 - c. The student has unexcused absences from required conferences or meetings.
 - d. The student has unexcused absences from assigned clinical duties.
 - e. The student is persistently tardy

2. Competence/Lack of effort toward self-improvement, adaptability, and learning. Examples include but are not limited to:
 - a. The student is resistant or defensive in accepting criticism.
 - b. The student remains unaware of his/her inadequacies despite counseling..
 - c. The student resists considering or making suggested changes in behavior and/or attitude.
 - d. The student is abusive during times of stress.
 - e. The student demonstrates arrogance.
 - f. The student is disruptive and disturbing to others during lecture or other forums of the educational environment.

3. Respect for others/diminished relationships with patients, families, their fellow students, and other members of the health care team/compassion. Examples include but are not limited to:
 - a. The student inadequately establishes rapport with patients or families.
 - b. The student is insensitive to the patients' or their families' feelings, needs, or wishes.
 - c. The student lacks empathy.
 - d. The student is rude, argumentative, uncaring, and/or disrespectful towards patients and/or their families.
 - e. The student does not function within a health care team.
 - f. The student is insensitive to the needs, feelings, and wishes of other health care team members.
 - g. The student is rude, argumentative, and/or disrespectful towards other health care team members including other students.

4. Dishonesty. Examples include but are not limited to:
 - a. The student misrepresents or falsifies data in, eg., medical records or on attendance sheets.
 - b. Academic misconduct, eg., plagiarism in the research laboratory or classroom, or cheating on examinations.
 - c. Dishonest answers to patients' questions regarding their illness and treatment.
 - d. Theft

5. Misconduct. Examples include but are not limited to:
 - a. The student fails to respect the patients' privacy and/or confidentiality
 - b. The student engages in an inappropriate romantic or sexual relationship with a with patient, a patient's family member, or a supervising faculty, resident or attending physician.
 - c. The student presents to either the educational forum (class, lecture, lab, etc), or the clinical (clinic, ward, etc.) altered by substance abuse.

Comments from Person Reporting Unprofessional Behavior:

Student comments:

Counseling and Follow-up Plans:

Student Signature _____ Date _____

Faculty Signature _____ Date _____

Administration / Dean Signature _____ Date _____